MANAGEMENT OF TIMIRA-KACHA-LINGANASA

Upadhyay Pratibha1*, Shamsa Fiaz2

1Phd scholar, 2Associate Professor and Head, PG Department of Shalakya tantra, National Institute of Ayurveda, Jaipur, India.

ABSTRACT

The concept of Timira has been widely described in our ancient texts, in detail having its etiology, pathogenesis, treatment, even though the technology that we have today was not present in ancient period inspite of that there is exactly same description as we found in today’s era. We will go through a short description of specific line of treatment of different stages of cataract as mentioned in our classical texts. Timira, Kacha and Linganasha are the successive stages of the same disease as mentioned in our ancient texts. Blurring of vision is described as Timira depending on its severity and Doshas, it is classified as subtypes, and when it is associated with raga it is termed as Kacha and if not treated in time it is converted to the incurable disease Lingnasha. Kaphaj lingnasha is considered to be cured through Shashta karma. besides all preventive measures are also described in our texts regarding Timira.

KEYWORDS: Timira, Lingnasa, Patala, Kacha, Drishti.

INTRODUCTION

Cataracts are the leading cause of curable blindness, till date there is no medicine claimed to have the capacity to dissolve the cataractous lens. The researches either to delay the onset or to prevent the progress of cataracts deserve great attention. The goal of WHO is to achieve 0.3% reduction of prevalence rate of blindness by the year 2020, and cataract takes 62.6% of total cause of blindness as per national survey conducted 2001-2002 by WHO. According to Acharya all Timiras are curable, when its progress is treated to the stage of Kacha it is said to be Yapya (can be cured by proper treatment) or further prognosis can be prevented and all Linganasas except Kaphaja Linganasa are said to be Asadhya (incurable).

The treatment modalities of Timira include snehapanama(internal use of oil, ghee) Rathakomokshan (bloodletting), Virechana (purification), Nasya (medication through nostril) Anjana, Moordhavasthi, Vasthi, Tarpana, and Netrasraka. Acharya recommend to do the above mentioned treatments many times.1) And Acharya gave a very detailed description regarding the management of Timira according to their Doshic predominance.

As per Susruta, Timira is considered as Yapya. Raktamokshan is indicated as the foremost line of treatment and then followed by Ghritpana consisting of different Virechaka medicines. If not treated in time, Timira is converted to Kacha and then Rakamokshana is contraindicated, as stated by Vaghbhata. Thus here we can see how minutely our ancient sages observed the different stages of a particular disease and hence indicated different treatment modality for each stage, so we must try to understand deeply their concepts and then do treatment accordingly.2,3,4

Vataj timira –use of Erand oil mixed in lukewarm milk for Virechana Raktaj and Pittaj timira –Virechana with Triphala ghrita, Kaphaja timira –Virechana with Trivritta. Tridoshaj timira –Tridosha nashaka dravya Use of Triphala ghrita is indicated in all types of Timira. Ghrita consisting of Kalka and Kwath of Meshashringi is also useful in all Timira. Use of Triphala churna with oil in Vataj timira and in Kaphaja it is indicated with honey.

Some special Nasya yogas are as follow.

1. Use of Ghrita of goat made of Kaakolyadi gana aushadhi in Pittaja timira.
2. Use of oil made from Vidarigandhadi gana in Kaphaja timira.
3. Ghrita consisting of oil that is made of Mudgaparni, Ashwagandha, Atibala, Shatavari to be used in Vataj timira in Nasya form.
4. Use of Tarpana in Pittaja timira with ghee of goats consisting of Kaakolyadi gana and Jangala mamsa.
5. Use of Palasha root, bark of Rohitak and Madhuka to be mixed with honey is indicated in Kacha for its complete cure.
6. Use of Khasa, Triphala, Priyangu in Tiltaila in form of Nasya is indicated in Kaphaja timira.
7. Use of Kasisa, Rasanjana, Guda, Shunthi in the form of Rasakriya to be applied as Anjana in Kaphaja timira. It is also concluded that treatment of Abhishyand can be tried as per Doshas in all forms of Timira.

Susruta suggested that the person who consumes Purana ghrita, Triphala, Shatavari, Patola, Mudga, Amalaki, Yava is not going to be affected with Timira roga. Jivanti, Changeri, Tandulyak, Vastuka shaka are beneficial in Drishtigata roga.

Raktamokshana is contraindicated in Ragaj timira.

The Timira that has affected first Patala only and not associated with Raga is Sadhya, Timira in second Patala and associated with Raga is Krichasadhya, while Timira in third Patala is Asadhyas as stated by Susruta. Shastra karma is indicated in Kaphaja lingnasha.
Here comes the contribution of our vast ancient science that suggests different preventive modalities and also specific point to point treatment for different stages of cataract so that it can be prevented from further progression, although if it progress to advanced stage they also indicated surgery for specific disease, that we are not getting any such description in modern science that is totally getting advancement in surgical steps but there is no scope of its prevention. The management of cataract depends on various factors, as it commences as an age related problem in addition to the management of cataract surely all measures advised by Acharya in order to meet the problems of senility deserve great attention. In addition to that care should be given to check the associated systemic diseases like diabetes, hypertension. At the same time the cataract in those patients may not be Kevalakaphaja and there may be involvement of other units of Drishti like retina so treatment may vary and in case of complicated cataract again it strictly depends on the other signs and symptoms in the eye. In short we have to take in consideration various factors and correct understanding of the Doshic status both in the eye and whole over the body is an unavoidable matter before prescribing any medicines for the management of cataract.

It is not possible to design treatment package for all types of cataract, and even in different stages of cataract the treatment may vary. For e.g. in the incipient stage of cataract it exhibit Pittatimira lakshanas like glare, coloured haloes etc which are according to the concept of Ayurveda are due to deranged Pitta so we can’t advise a Theekhnajana or Vasti at that time but Virechana, Netra seka, Aschyotana, mentioned in the context of Pittatimira Chikitsa are more beneficial or Rakthamokshan is also applicable. Keeping everything in mind let us design the treatment plan for a person whose general health is quiet right and devoid of other ocular diseases.

When to start the treatment is the most important of everything, the patient can totally enjoy the benefits of Ayurveda if we implement it in the right time. The right time to start treatment in diseases related to senility is Madhyama vaya when Acharya insist to start Rasayana Karma as it is an age related problem, if possible the early management of cataract can begin from the age of 40yrs when the eye start exhibiting symptoms of presbyopia along with proper Rasayana therapy. How to start? What would be the initial step of treatment? No doubt the treatment should start from Snehapana as Acharya indicate, and the type of Snehapana depends on the condition of the patient and we have an enormous source of various varieties of Ghritha advised for the management of Timira. And the patient is asked to follow all restrictions mentioned for Snehapana. The next method insisted by Acharya is Rakthamoksha Can we suggest Rakthamoksha in cataract patients? And when? Surely, because Acharya indicate Rakthamoksha as a method of treatment for eye care (Netrasamrakshana) and indicate the same in the management of Timira except Vata timira, according to him during Samprapti doshas irrespective of involved Dosa pitta support the aetiopathogenesis of all diseases related to the eye. And when to do this? Usually Rakthamoksha is a procedure which is performed only when all other methods of treatment failed to cure the condition but in exception to this in the management of eye diseases he himself indicate it just after Snehapana, it may be because of the fact that the eye which concerns with the special sense, and preserving vision in all disease is having prime importance and especially in acute conditions like Khsata suka, Adhimanda, Sasopha where the vision of the patient is in threat there is no time to wait and to get the Samyaksnigdha lakshana during Snehapana, and to do all Sodhana therapies just before Rakthamoksha, so the approach is somewhat different in the management of eye diseases. So there is permission to do Snehapana and Rakthamoksha simultaneously in order to pacify the Pitta first. In case of treatment of Timira especially related to Drishti extreme care should be given in maintaining vision of the patient so due to this reason Rakthamoksha can’t be avoided as a treatment method while treating Timira where the site of lesion is Drishti. Acharya recommend it after Snehapana and the next step of treatment is Virechana and in cataract if there is no indication of involvement of other Doshas drugs which are mentioned for relieving Kapha vitiation can be selected as Virechana dravyas. After Virechana in Kaphatimira, Nasya is advised which is followed by Anjana. Though Acharya indicate various methods of treatment as a package for the management of Timira it is the choice of physician to decide what is to be or not to be administered according to the condition of the patient. Usually Lekhana anjanas are preferred in Sleshma timira and how long this Theekshnanjanas can be applied, and what precautions to be taken if it needs to apply for a long time, whether the same Anjanas can be applied in all types of cataract these are the common doubts that arise regarding this particular method of treatment.

Theekshnanjanas can’t be continued for a long time, but in case of cataract it is having major role and needs a long term application. The treatment methods should be arranged in such a way that it will never lack its priority, apt time of indication, so that it will be more beneficial to the patient.

Acharya advise to administer Ghritapana and as Marsanasaya whenever it necessitates to apply Theekshnanja for a long time. As Drishti is Seetasatmya it is not wise to advise this Theekshnanjanas only, to a patient for long time even though it is purely Kapha predominant state.

The patient is advised for admitted treatments for once or twice in yearly for routine procedures like Achasnehapana followed by Rakthamoksha, Virechana and Marsa nasya as and after that patient can be discharged with an advice to follow Anjana, Pratimarsanasya and Snehapana in small quantity which is mentioned for Sleshmatimir[6], Acharya indicate various types of methods of administration of Thripaha[6] in order to maintain the health of the eye is also applicable. At the same time he also highlight the need of special eye care, for which he add the pleasant nature of mind, the need of keeping the foot clean and the importance of Padabhyanga[7]. In addition to this the patient is advised to follow the Pathyuhara especially mentioned for the health of the eye. Vaghbata has mentioned Kokilavarti and Vimilavarti in context to

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this. wick prepared from Sankha, Priyangu, Nepali, Katutrika and Phaltrika. is Vimlavarti. Krishna loharaj, Vyosa, Saindhav, Triphala, made in a wick used as eye salve is Kokilavarti[11], in recent years, among major causes of blindness, cataract contribute to 19 million as per NPCB survey, 2001-2002. In developing countries, frequent cause is cataract. 62.6% blindness is due to cataract as per NPCB[12], so nowadays advancement in cataract surgery carried out day by day as manual small incision cataract surgery, phacoemulsification and laser assisted microsurgery. In spite of all that the world is facing towards other alternative so as to stop the progression of disease so Ayurveda is much beneficial in this way.

CONCLUSION

Although treatment of cataract has now advanced to such a great level that is now beneficial to the patients but it is a matter of surprise that in ancient times when no such diagnostic is available our great ancient scientists were still had such a keen observation and scientific description regarding the management of cataract. Thus Ayurvedic principles and line of treatment are eternal.

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6. Ibid su utt -17/40, 41, 42, 46, 51.52

Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence
Dr Upadhyay Pratibha
Phd scholar,
PG Department of Shalakya tantra, NIA, Jaipur, India.
Email: dr.pratibha5685@gmail.com
Ph: 09509770104